STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2214	A. BUILDING: _____ B. WING _____	R-C 11/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASA DE PAZ	4103 LAS CIMBRAS CT SE RIO RANCHO, NM 87124

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{A 000}	Initial Comments The following deficiency was cited during a Revisit survey completed on [redacted]/23, for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living Facilities for Adults. Census: 10 Abbreviations/Acronyms/Definitions: Combustible Materials: Material that catches fire and burns easily. DCS: Direct Care Staff g.: gram PRN: Pro re Nata (as needed) MAR: Medication Administrative Record mg.: Milligram q.d.: Once per day R: Resident	{A 000}	A 034 8.2.34 Have ensured oxygen tanks are secured from falling in Crates and Strapped together. this was completed [redacted] 2023. Going forward will always store oxygen in crates and strap together so they won't fall over. The white bag with clothing has been removed and will never be stored by oxygen. As of [redacted]12023 we have received the DC Medication order from R#2 [redacted] This medication was discontinued on [redacted] 23. The house manager Will always ensure resident has all PRN medications in stock. The house manager will order medications weekly from pharmacy and area manager or administrator will check on this monthly to ensure proper stock of medications. Along with Pharmacy quarterly reviews.	
{A 034}	7 NMAC 8.2.34 Custodial Drug Permits CUSTODIAL DRUG PERMITS: A facility with two (2) or more residents that is licensed pursuant to this rule and that assists with self-administration or safeguards medications for residents shall have a current custodial drug permit issued by the state board of pharmacy. A. Procurement, labeling and storage. The facility shall provide assistance to the resident in obtaining the necessary medications, treatment and medical supplies as identified in the ISP. The facility shall procure, label and store medications for residents who require assistance with self-administration of medication in compliance with state and federal laws. (1) All medications, including non-prescription drugs, shall be stored in a locked compartment or in a locked room, as approved by the board of pharmacy and the key shall be in the care of the	{A 034}		

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{A 034}	Continued From page 1	{A 034}		

administrator or designee.
(2) Internal medication shall be kept separate from external medications. Drugs to be taken by mouth shall be separated from all other delivery forms.
(3) A separate, locked refrigerator shall be provided by the facility for medications. The refrigerator temperature shall be kept in compliance with the state board of pharmacy requirements for medications.
(4) All medications, including non-prescription medications, shall be stored in separate compartments for each resident and all medications shall be labeled with the resident's name.
(5) A resident may be permitted to keep his or her own medication in a locked compartment in his or her room for self-administration, if the physician's order deems it appropriate.
(6) The facility shall not require the residents to purchase medications from any particular pharmacy.
(7) Medical gases (oxygen) and equipment used for the administration of inhalation therapy and for resuscitative purposes shall comply with the national fire protection association (NFPA) 99.
(8) A proof of use record shall be maintained separately for each schedule II through IV drug (controlled substances). The proof of use sheet shall document:
(a) the type and strength of the schedule II through IV drugs;
(b) the date and time staff assisted with self-administration;
(c) the resident ' s name;
(d) the prescriber ' s name;
(e) the dose;
(f) the signature of the person assisting with delivery of the medication; and

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{A 034}	Continued From page 2	{A 034}		

(g) the balance of medication remaining.
(9) Any remaining medication discontinued by a physician ' s order, or upon discharge or death of the resident shall be inventoried and moved to a separate locked storage container. Such discontinued medications shall be destroyed upon the next quarterly visit by the consulting pharmacist in accordance with 16.19.11.10 NMAC.
(10) The record of medication destruction shall be signed by the administrator or designee and the pharmacist and shall be kept on file at the facility.
B. Consulting pharmacist. The facility shall maintain records demonstrating that the consulting pharmacist provides the following oversight and guidance.
(1) Reviews the medication regimen as needed, but at least quarterly/every three (3) months, to determine that all medications and records are accurate and current. All irregularities shall be reported to the administrator of the facility and these irregularities shall be resolved by the administrator within seventy-two (72) hours.
(2) A system of records of receipt and disposition of all drugs in sufficient detail to enable an accurate reconciliation.
(3) Consultation shall be provided on all aspects of pharmacy services in the facility, including reference information regarding side effects and, when needed, physician consultation in cases involving the use of psychotropic medications.
(4) The consulting pharmacist will be responsible for assuring that the facility meets all requirements for storage, labeling, destruction and documentation of medications as required by the state board of pharmacy, 16.19.11.10 NMAC and 7.8.2 NMAC.
[7.8.2.34 NMAC - Rp, 7.8.2.35 NMAC,

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{A 034}	Continued From page 3 01/15/2010] This REQUIREMENT is not met as evidenced by: This is an uncorrected deficiency from survey dated 05/22/23. 7.8.2.34 A (7) Refer to: NFPA (National Fire Prevention Association) 99. 2012 Edition. 11.3 Cylinder and Container Storage Requirements. 11.3.1* Storage for nonflammable gases equal to or greater than 85 m3 (3000 ft3) at STP shall comply with 5.1.3.3.2 and 5.1.3.3.3. 11.3.2* Storage for nonflammable gases greater than 8.5 m3 (300 ft3), but less than 85 m3 (3000 ft3), at STP shall comply with the requirements in 11.3.2.1 through 11.3.2.3. 11.3.2.1 Storage locations shall be outdoors in an enclosure or within an enclosed interior space of noncombustible or limited combustible construction, with doors (or gates outdoors) that can be secured against unauthorized entry. 11.3.2.2 Oxidizing gases, such as oxygen and nitrous oxide, shall not be stored with any flammable gas, liquid, or vapor. 11.3.2.3 Oxidizing gases such as oxygen and nitrous oxide shall be separated from combustibles or materials by one of the following: (1) Minimum distance of 6.1 m (20 ft) (2) Minimum distance of 1.5 m (5 ft) if the entire storage location is protected by an automatic sprinkler system designed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems (3) Enclosed cabinet of noncombustible	{A 034}		

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{A 034}	Continued From page 4 construction having a minimum fire protection rating of 1/2 hour 11.3.2.4 Gas cylinder and cryogenic liquid container storage shall comply with 5.1.3.5.12. 11.3.2.5 Cylinder and container storage locations shall comply with 5.1.3.3.1.7 with respect to temperature limitations. 11.3.2.6 Cylinder or container restraints shall comply with 11.6.2.3. 11.3.2.7 Smoking, open flames, electric heating elements, and other sources of ignition shall be prohibited within storage locations and within 6.1 m (20 ft) of outside storage locations. 11.3.2.8 Cylinder valve protection caps shall comply with 11.6.2.3. 11.3.2.9 Gas cylinder and liquefied gas container storage shall comply with 5.1.3.5.12. 11.3.3 Storage for nonflammable gases with a total volume equal to or less than 8.5 m3 (300 ft3) shall comply with the requirements in 11.3.3.1 and 11.3.3.2. 11.3.3.1 Individual cylinder storage associated with patient care areas, not to exceed 2100 m2 (22,500 ft2) of floor area, shall not be required to be stored in enclosures. 11.3.3.2 Precautions in handling cylinders specified in 11.3.3.1 shall be in accordance with 11.6.2. 11.3.3.3 When small-size (A, B, D, or E) cylinders are in use, they shall be attached to a cylinder stand or to medical equipment designed to receive and hold compressed gas cylinders. 11.3.3.4 Individual small-size (A, B, D, or E) cylinders available for immediate use in patient care areas shall not be considered to be in storage. 11.3.3.5 Cylinders shall not be chained to portable or movable apparatus such as beds and oxygen tents. 11.3.4 Signs.	{A 034}		

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{A 034}	Continued From page 5 11.3.4.1 A precautionary sign, readable from a distance of 1.5 m (5 ft), shall be displayed on each door or gate of the storage room or enclosure. 11.3.4.2 The sign shall include the following wording as a minimum: CAUTION: OXIDIZING GAS(ES) STORED WITHIN (7) Medical gases (oxygen) and equipment used for the administration of inhalation therapy and for resuscitative purposes shall comply with the national fire protection association (NFPA) 99. Based on observation, record review, and interview, the facility failed to ensure: 1. Resident prescribed medications were available to take as ordered. 2. Oxygen cylinder tanks were stored securely and protected from accidental damage. These deficient practices could likely result in the [redacted] residents identified on the census provided by the Administrator on [redacted]/23, to be at risk of harm, injury, or death if: 1. Residents were to miss medication doses or treatments because the medications prescribed by their physicians were not available 2. Oxygen cylinder tanks were to fall over damaging the valve, causing them to depressurize during a fire, the oxygen feeds the fire, causing it to spread faster and/or the cylinder tanks act like missiles and hit a resident/staff/rescuer during a fire. The findings are: Findings related to the oxygen cylinder tanks A. On [redacted]/23 at 2:58 pm, during observation of the backyard patio area near the back door, four	{A 034}		

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{A 034}	Continued From page 6 (4) large unsecured oxygen cylinder tanks were in a cardboard box and next to a plastic garbage bag filled with combustible materials (clothing, bedding, personal items). B. On [redacted]/23 at 2:58 pm, during an interview, DCS #2 confirmed there were four (4) unsecured oxygen cylinder tanks inside of a cardboard box next to a plastic garbage bag filled with combustible materials. C. On [redacted]/23 at 10:30 am, during an interview, the Administrator confirmed that on the back patio, there were four (4) unsecured oxygen cylinder tanks in a cardboard box, next to a plastic garbage bag filled with combustible materials. Findings related to the prescribed medications D. Record review of R #2's physician orders dated [redacted]/23 listed PRN: [redacted] to be applied to [redacted] area as needed q.d. (once daily) not to exceed [redacted] in 24 hours. E. Record review of R #2's MAR dated [redacted]/23 through [redacted]/23 listed PRN: [redacted] q.d. F. On [redacted]/23 at 9:48 am, during observation of R #2's medications, R #2's PRN: [redacted]) q.d., was not available. G. On [redacted]/23 at 9:48 am, during an interview, the Administrator and DCS #1 confirmed the [redacted] q.d. was listed on the	{A 034}		

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{A 034}	Continued From page 7 MAR, but was not available for R #2 as ordered by the resident's physician.	{A 034}		